CITY COUNCIL REPORT



Meeting Date:

August 18, 2014

General Plan Element:

Land Use

General Plan Goal:

Support a diversity of businesses.

ACTION

Bar Liquor License Request for Live Wire 68-LL-2014. To consider forwarding a recommendation of approval to the Arizona Department of Liquor Licenses and Control for a Person and Location transfer of a Series 6 (bar) State liquor license for an existing location and new owner.

OWNER

Livewire Arizona LLC

APPLICANT CONTACT

Randy Nations

LOCATION

7320 E Indian Plaza

BACKGROUND

This request is for a Person and Location transfer of a Series 6 (bar) liquor license. This has been a licensed location since 1997, most recently licensed with liquor as Bottled Blonde/ Live Wire.

This site is zoned Central Business District, Parking District, Downtown Overlay (C-2/P-3 DO). The C-2/P-3 DO district allows bars as a conditional use. A conditional use permit for this bar, 17-UP-2012 #2, was approved July 2, 2014.

APPLICANT'S PROPOSAL

The applicant is seeking a favorable recommendation on a Person and Location transfer of a Series 6 (bar) liquor license. This allows a bar retailer to sell and serve spirituous liquors, primarily by individual portions, to be consumed on the premises and in the original container for consumption on or off the premises. The applicant has indicated that this establishment will serve liquor between the hours of 5:00 p.m. to 2:00 a.m.; however, due to State liquor license processing requirements, they are not required to notify the City or the State if they change their hours of operation.

| Action Taken | | |
|--------------|--|--|
| | | |

PETITIONS FROM PERSONS IN CLOSE PROXIMITY

The applicant has maintained the required posting notice for the State mandated 20-day period. No petitions or protests pursuant to A.R.S. 4-201.b. were received during the 20 (twenty) day posting period.

OTHER LICENSES & PERMITS

Financial Management

Revenue Collection has reported that the applicant has met City licensing requirements and all fees have been paid.

Spirituous Liquor Tax Permit # Pending.

Scottsdale Transaction Privilege Sales Tax License # Pending.

IMPACT ANALYSIS

Current Planning Department.

There will be changes to the floor plan.

Public Safety Division.

Police Department: Recommendation No Opposition

Major life safety issues: None noted.

Code Enforcement: There are no current cases of code violations at this time relevant to the

liquor license.

STATE GUIDELINES FOR CONSIDERING AN APPLICATION

A.R.S. Section 4-203.A Granting a License for a New Owner for a Certain Location.

A spirituous liquor license shall be issued only after satisfactory showing of the capability, qualifications and reliability of the applicant.

COUNCIL OPTIONS & STAFF RECOMMENDATION

Council Options

The City Council has the option of recommending approval, denial or no recommendation to the Arizona Department of Liquor Licenses and Control.

Staff Recommendation

The City of Scottsdale staff has conducted a review and advises that the license request meets the criteria imposed for determining the capability, qualifications and reliability of the applicant.

Next Steps

The City Council's recommendation of approval, denial or no recommendation will be forwarded to the Department of Liquor Licenses and Control for their consideration. If the application is

approved by the Department of Liquor Licenses and Control, the applicant should receive their license from the State within 105 days of original application.

RESPONSIBLE DEPARTMENT(S)

Teri Gleason, Planning Assistant,tgleason@scottsdaleaz.gov Planning and Development Services

James Wasson, Lieutenant, Special Assignment, jwasson@scottsdaleaz.gov **Public Safety Division**

Raun Keagy, Neighborhood Planning Director, rkeagy@scottsdaleaz.gov Planning and Development Services

APPROVED BY

Tim Curtis, AICP, Current Planning Director 312-4210 tcurtis@scottsdaleaz.gov

7/21/2014

Tvices 1/2/14

Randy Grant, Director, Planning and Development Services 312-2664, rgrant@scottsdaleaz.gov



ATTACHMENTS

#1: Aerial Map

#2: Close-up Aerial Map First Floor

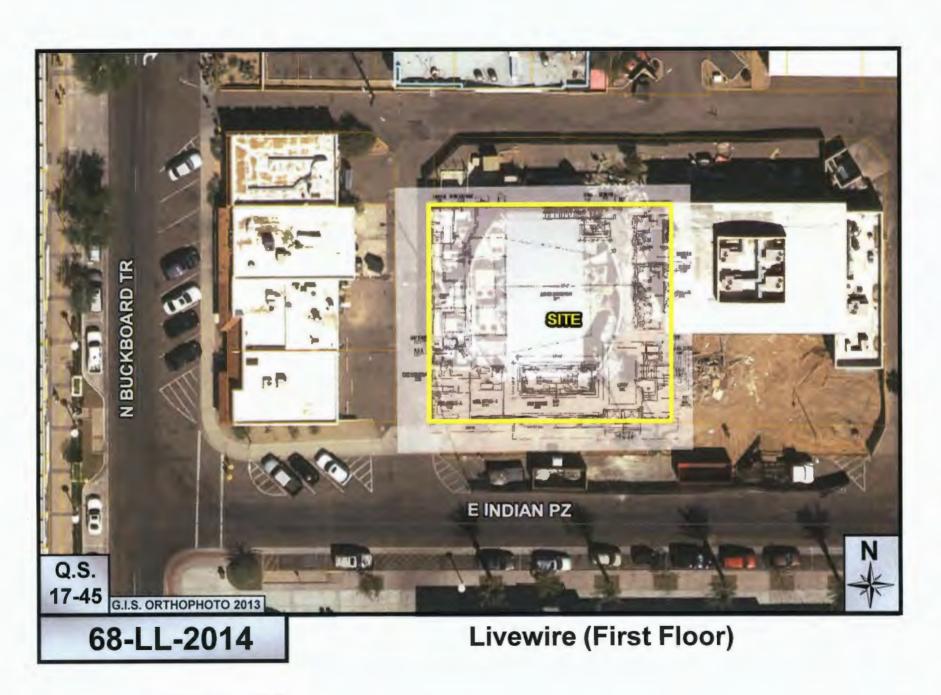
#3: Close-up Aerial Map Second Floor

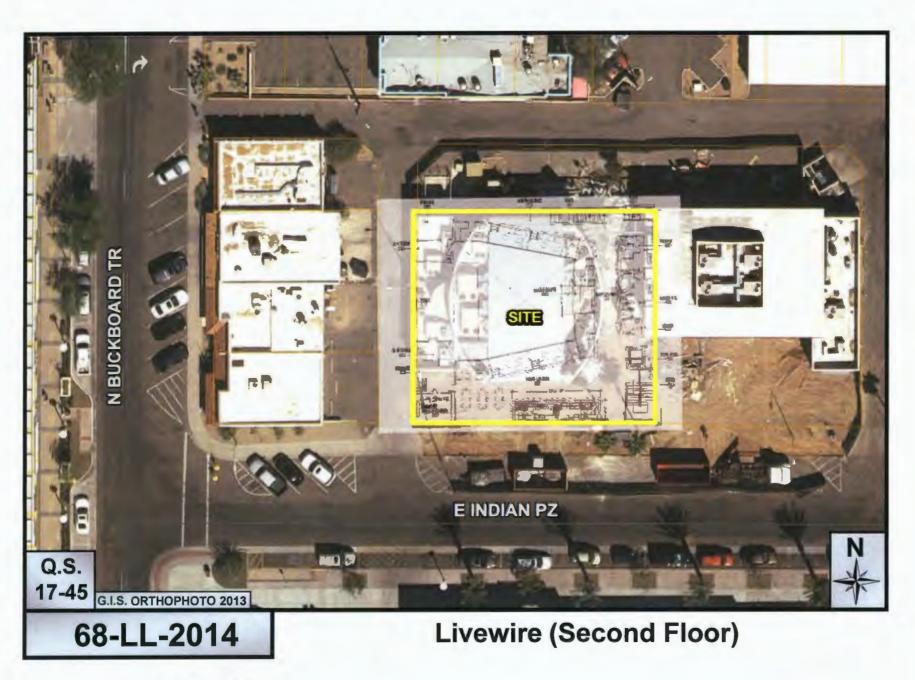
City of Scottsdale Applicant Questionnaire #4:

#5: State Application



ATTACHMENT #1







Liquor License Questionnaire

Microbrewery, bar, hotel, restaurant, winery (Series 3, 6, 7, 11, 12, 13)

| | Please comple | ete all ques | stions and | return wit | thin 3 busines | ss days. | |
|--|--|---------------------------------------|-----------------------|--------------|-------------------|--------------------|----------------|
| Name of Business: | Livewire | · · · · · · · · · · · · · · · · · · · | | | | | - |
| Business Address: | 7340 E. Indian P | aza Scottsd | ale, Arizona | 85251 | | | - |
| Total Gross Square I | Footage of Esta | blishment: | 14,000 sf | | | | |
| Was liquor sold at th | is location prior | to this app | lication? | ☐ Yes | ⊠ No | | |
| If yes, what | t type of license | ? | | ··· | | | |
| Is this busing | ness currently o | pen? | | ☐ Yes | No | | |
| If yes , is th Interim lice | is business ope nse? | rating with | an | ☐ Yes | ☐ No | | |
| If no, what | is the proposed | opening d | ate? | | | | |
| Is this business unde | er construction o | or heing rer | modeled? | X Yes | □ No | | |
| Does this business h | | _ | | □ No | | s of patio | • 3 |
| Does this business h | _ | • | | □ No | | s of patio | |
| 2000 1110 20011000 1 | iavo a proposo. | pono. | | | Dimension | o pallo | |
| For Restaurants, B Will the bar service a | | | | floor area | a ? | ☐ Yes* 🖾 i | No |
| Gross square footag (includes the floor ar food or drinks) | e of bar service ea under indoor an | area: 900 ed outdoor bai | sf rs and the floo | or area behi | nd the bars used | for storege, prep | and serving of |
| Will the kitchen be le | ess than 15% of | the gross f | floor area? | | · | ⊠ Yes* 🔲 I | No |
| Gross square footag | e of kitchen: | | | | | ··· | |
| | | (do not inc | lude refrigera | tors or area | s used for storag | e of food or bever | ages) |
| During what hours w | /ill the establish | ment provid | de full kitch | en service | e? No kitche | en service | |
| During what hou | rs will the estab | lishment of | fer liquor s | ales? 7pm | n-2am | | |
| Will age verification business operations | | uested for | admittance | e at any ti | me during | ⊠Yes* [| □ No |
| Is a cover charge re | | tance at ar | ny time duri | ng busine | ess operations | :? | ∏ No |
| Will less than 40% o | | | • | • | • | | ☐ No n/a |
| | *Ma | y require a (| Conditional | Use Perm | ait | | |
| Please circle one of | the following th | at best des | scribes the | primary b | usiness opera | ation: | |
| Packaged retail | restaurant | bar | personal s | service | education | service | manufacturing |
| | nning, Nei School Road, Su | _ | | | • | | |

Document Name

Page 1 of 2

Revision Date: 19-Jun-14



Document Name

Liquor License Questionnaire

Microbrewery, bar, hotel, restaurant, winery (Series 3, 6, 7, 11, 12, 13)

| Ple | ease complete all questi | ons and return within 3 business | days. | | |
|--|--|--|--|--|--|
| | | | | | |
| Will this business feat | ure any of the following | g: | | | |
| Patron Dancing? Live Bands? Amplified music? Adult Entertainment? After hours? | X Yes* No X Yes* No X Yes* No Yes* No Yes* No Yes* No | Karaoke? DJ? Games? Four or more pool tables? | Yes* □ No | | |
| | *May require | a Conditional Use Permit | | | |
| County or the Board, the that the best interest of t | e applicant bears the burd he community will be suf | erning body of a city or town, the Boden of showing that the public converted by the issuance of | venience requires and of this license. | | |
| | ility, qualifications and re ees will be trained in respoi | liability to hold a liquor license becausible liquor service. | ause: | | |
| 7.11 of our our project | Joe IIII Jo Kaliloo III Toopol | Holde Hadel Gold Hood. | | | |
| | | | | | |
| by the issuance | The public convenience requires and the best interest of the community will be substantially served by the issuance of the liquor license because: This location will provide a viable new business to Downtown Scottsdale. | | | | |
| 3. Please describe | your business: | | | | |
| Live music venue | : | | | | |
| not a substitute for the Lice applicable to the license. demolish any improvemen apply to Licensee's content be responsible to, separate from any and all governments. | ensee's obligation to comply The Recommendation is not ts. Zoning processes, built inplated Improvements and e and apart from this Recor ental or other entities including zoning processes, bu | Department of Liquor Licenses and Co y with all state, local and federal laws, at a permit or regulatory approval to ho ding permit processes, and similar reg are completely separate from the Rec mmendation, directly obtain all necessing the City's having standing or jurisd ilding permit processes, and similar re | policies and regulations and any events or construct or pulatory requirements may ommendation. Licensee shall ary permits and approvals iction over the subject areas. | | |
| Print Name: Miranda E | Bustamante Sign | nature: N 1620 or BTM | Date: 07/11/14 | | |
| t . | • | od and Transportation | | | |

Page 2 of 2

Revision Date: 19-Jun-14

Arizona Department of Liquor Licenses and Control

800 West Washington, 5th Floor Phoenix, Arizona 85007 www.azliquor.gov 602-542-5141

APPLICATION FOR LIQUOR LICENSE TYPE OR PRINT WITH BLACK INK

68-U-2014

Notice: Effective Nov. 1, 1997, <u>All Owners, Agents, Partners, Stockholders, Officers, or Managers actively involved in the day to day operations of the business</u> must attend a Department approved liquor law training course or provide proof of attendance within the last five years. See page 5 of the Liquor Licensing requirements.

| SECTION 1 This application is for a: ☐ MORE THAN ONE LICENSE ☐ INTERIM PERMIT Complete Section 5 ☐ NEW LICENSE Complete Sections 2, 3, 4, 13, 14, 15, 16 ☑ PERSON TRANSFER (Bars & Liquor Stores ONLY) Complete Sections 2, 3, 4, 11, 13, 15, 16 ☑ LOCATION TRANSFER (Bars and Liquor Stores ONLY) Complete Sections 2, 3, 4, 12, 13, 15, 16 ☐ PROBATE/WILL ASSIGNMENT/DIVORCE DECREE Complete Sections 2, 3, 4, 9, 13, 16 (fee not required) ☐ GOVERNMENT Complete Sections 2, 3, 4, 10, 13, 15, 16 | SECTION 2 Type of ownership: ☐ J.T.W.R.O.S. Complete Section ☐ INDIVIDUAL Complete Section ☐ PARTNERSHIP Complete Sectio ☐ CORPORATION Complete Sectio ☐ LIMITED LIABILITY CO. Complete ☐ CLUB Complete Section 8 ☐ GOVERNMENT Complete Section ☐ TRUST Complete Section 6 ☐ OTHER (Explain) | 6 on 6 ion 7 te Section 7 |
|---|---|--|
| SECTION 3 Type of license and fees LICENSE #(s): 06070371 | | Scotters Scotters Justines 1976, Ty |
| Type of License(s): Series 06 Z. Total fees attached. | Department Use Only ed: \$ | CIN |
| APPLICATION FEE AND INTERIM PERMIT FEES (IF The fees allowed under A.R.S. 44-6852 will be | APPLICABLE) ARE NOT REFU | INDABLE. |
| SECTION 4 Applicant | Day Iv | D. |
| 1. Owner/Agent's Name: Ms. Nations (Insert one name ONLY to appear on license) Last | Randy First | D. O. Middle |
| Corp./Partnership/L.L.C.: Livewire Arizona LLC | • | ,,,,,co,io |
| (Exactly as it appears on Articles of Inc. or Articles 3. Business Name: LiveWire (Exactly as it appears on the exterior of premises) | of Org.) | |
| 4. Principal Street Location 7320 E. Indian Plaza | Scottsdale Maricopa | 85251 |
| (Do not use PO Box Number) | City County | Zip |
| 5. Business Phone: 480-970-6980 Daytime Phone: 480-730-2 | | om |
| 6. Is the business located within the incorporated limits of the above city of Mailing Address: PO Box 2502 Chandler Ariz | or town? 🛛 YES 🗍 NO tona 85244 | |
| City Sta | te Zip | |
| 8. Price paid for license only bar, beer and wine, or liquor store: Type | \$ Type | _ \$ |
| Fees: ZOU D Application Interim Permit Site Inspection Is Arizona Statement of Citizenship & Alien Status For State Bene | Finger Prints \$ 244.00 TOTAL OF ALL | |
| Accepted by: Date: Date: | Lic.#_06070371 | |

*Disabled individuals requiring special accommodation, please call (602) 542-9027.

1/7/2013

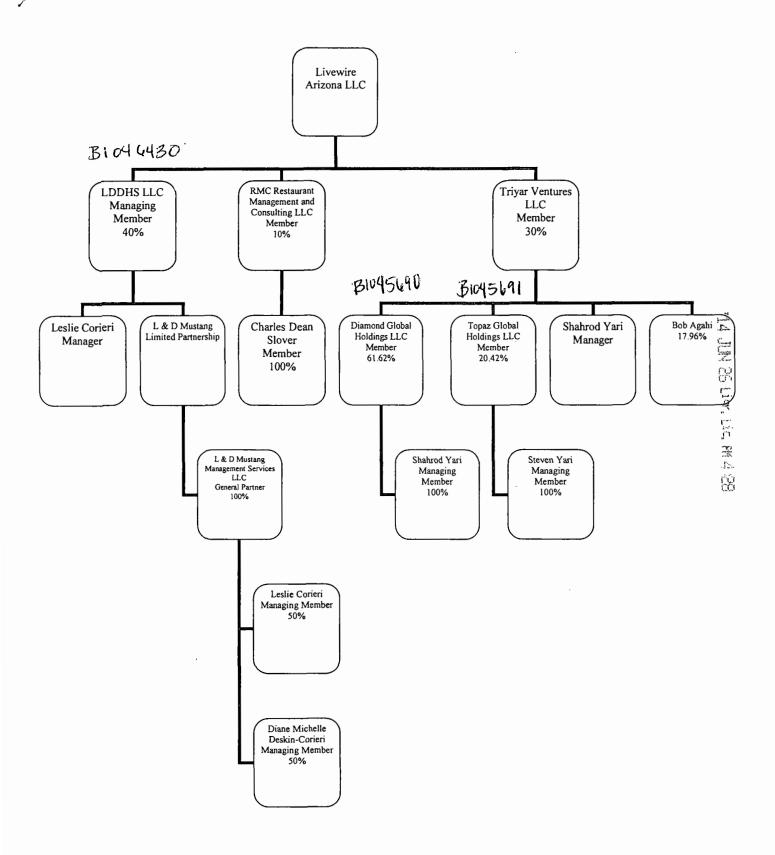
SECTION 5 Interim Permit:

| The foregoing instrument water | MEMBER, PARTNER, Inse and location. County of Is acknowledged before me Ith Year TARY PUBLIC) City State Zip |
|---|--|
| , | MEMBER, PARTNER, Inse and location. County of Is acknowledged before me Ith Year ARY PUBLIC) TARY PUBLIC) City State Zip |
| MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated lice State of | TARY PUBLIC) TO CARD, AND \$22 PROCESSING FEE |
| MEMBER, STOCKHOLDER, OR LICENSEE (circle the title which applies) of the stated lice State of The foregoing instrument wa (Signature) My commission expires on: day of Day Mon (Signature of NOT SECTION 6 Individual or Partnership Owners: ACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LICO101), AN "APPLICANT" TYPE FINGERPRIFOR EACH CARD. Individual: Last First Middle % Owned Mailing Address Partnership Name: (Only the first partner listed will appear on license) | City State Zip |
| The foregoing instrument water (Signature) My commission expires on: Day Mon (Signature of NOT) SECTION 6 Individual or Partnership Owners: ACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LICO101), AN "APPLICANT" TYPE FINGERPRIFOR EACH CARD. Individual: Last First Middle % Owned Mailing Address Partnership Name: (Only the first partner listed will appear on license) | TARY PUBLIC) TO CARD, AND \$22 PROCESSING FEE |
| All commission expires on: | TARY PUBLIC) TO CARD, AND \$22 PROCESSING FEE |
| SECTION 6 Individual or Partnership Owners: ACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LICO101), AN "APPLICANT" TYPE FINGERPRIFOR EACH CARD. Individual: Last First Middle % Owned Mailing Address Partnership Name: (Only the first partner listed will appear on license) | TARY PUBLIC) |
| SECTION 6 Individual or Partnership Owners: ACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRIFOR EACH CARD. Individual: Last First Middle % Owned Mailing Address Partnership Name: (Only the first partner listed will appear on license) | NT CARD, AND \$22 PROCESSING FEE |
| ACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRIFOR EACH CARD. Individual: Last First Middle % Owned Mailing Address Partnership Name: (Only the first partner listed will appear on license) | NT CARD, AND \$22 PROCESSING FEE |
| ACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRIFOR EACH CARD. Individual: Last First Middle % Owned Mailing Address Partnership Name: (Only the first partner listed will appear on license) | NT CARD, AND \$22 PROCESSING FEE |
| ACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FORM LIC0101), AN "APPLICANT" TYPE FINGERPRIF OR EACH CARD. Individual: Last First Middle % Owned Mailing Address Partnership Name: (Only the first partner listed will appear on license) | NT CARD, AND \$22 PROCESSING FEE |
| Last First Middle % Owned Mailing Address artnership Name: (Only the first partner listed will appear on license) | City State Zip |
| Last First Middle % Owned Mailing Address artnership Name: (Only the first partner listed will appear on license) | City State Zip |
| artnership Name: (Only the first partner listed will appear on license) | |
| | |
| | |
| | |
| eneral-Limited Last First Middle % Owned Mailing Address | City State Zip |
| | |
| | - |
| | |
| | |
| | |
|) Y R | ASSECEN |
| . Is any person, other than the above, going to share in the profits/losses of the business? If Yes, give name, current address and telephone number of the person(s). Use additional si | ☐ YES ☐ NO heets if necessary. |
| Last First Middle Mailing Address City, Sta | - |
| | |

1. If you intend to operate business when your application is pending you will need an Interim Permit pursuant to A.R.S.

Τ

| SECTION 7 Corporation/Limited Liability Co.: EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FO | RM LIC010 | 1), AN | "APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING | |
|---|----------------------|---------|---|----------|
| FEE FOR EACH CARD. CORPORATION Complete questions 1, | 2, 3, 5, | 6, 7, | and 8. | |
| ☑ L.L.C. Complete 1, 2, 4, 5, 6, 7, and 8. | | | | |
| Name of Corporation/L.L.C.: Livewire Arizona LLC (Exactly as it appears on Article) | es of Incor | poratio | on or Articles of Organization) | |
| 2. Date Incorporated/Organized: 12/17/13 Sta | ite where | e Inco | orporated/Organized: Arizona | |
| 3. AZ Corporation Commission File No.: | | | Date authorized to do business in AZ: | |
| 4. AZ L.L.C. File No: L-1892603-8 | | Date | authorized to do business in AZ: 12/27/13 | |
| 5. Is Corp./L.L.C. Non-profit? ☐ YES ☒NO | | | | |
| 6. List all directors, officers and members in Corporation/ | L.L.C.: Title | | Mailing Address City State 2 | 7in |
| | | | | |
| LDDHS LLC | Man M | em | 5449 E. Mariposa St. Phoenix, Arizona 85018 | |
| RMC Restaurant Management and Consulting LLC | Membe | er | 64 Sawgrass Court Las Vegas, Nevada 89113 | |
| Triyar Ventures LLC | Membe | er | 4501 N. Scottsdale Rd. #201 Scottsdale, Arizona 8525 | 51: |
| | | | | |
| (ATTACH AD | <u>l</u> Ditional | SHEE | ET IF NECESSARY) | jr. |
| 7. List stockholders who are controlling persons or who o | | or m | | <u>_</u> |
| LDDHS LLC | 40% | 544 | 9 E. Mariposa St. Phoenix, Arizona 85018 | ņ |
| RMC Restaurant Management and Consulting LLC | 10% | 64 S | Sawgrass Court Las Vegas, Nevada 89113 | 4 |
| Triyar Ventures LLC | 30% | 450 | 1 N. Scottsdale Rd. #201 Scottsdale, Arizona 85251 | |
| No one else owns 10% or more | | | | |
| (ATTACH AD 8. If the corporation/L.L.C. is owned by another entity, at | | | ET IF NECESSARY) ntage of ownership chart, and a director/officer/men | nber |
| disclosure for the parent entity. Attach additional sh | | | | |
| SECTION 8 Club Applicants: EACH PERSON LISTED MUST SUBMIT A COMPLETED QUESTIONNAIRE (FOR | RM LIC0101) | , AN "/ | APPLICANT" TYPE FINGERPRINT CARD, AND \$22 PROCESSING FE | EE |
| FOR EACH CARD. 1. Name of Club: | | | Date Chartered: | |
| (Exactly as it appears on Club Charter or Bylaw | vs) | | (Attach a copy of Club Charter or Byl | aws) |
| 2. Is club non-profit? ☐ YES ☐ NO | | | | |
| 3. List officer and directors: | | | | |
| Last First Middle | Title | | Mailing Address City State Zip | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |



| SECTION 9 Probate, Wil | II Assignment or Div | orce Decree of an | existing Bar or L | iquor Store | License: | |
|---|--|--|-----------------------|---------------------------------------|--------------------|----------------------|
| . Current Licensee's Name: Exactly as it appears on license) | | st | First | Middle | • | |
| Assignee's Name: | Last | First | | Middle | | |
| License Type: | | ber: | Date of | | • | |
| ATTACH TO THIS APPLICATION DECREE THAT SPECIFICAL | ION A CERTIFIED COPY | OF THE WILL, PROB | ATE DISTRIBUTION | INSTRUMENT | , OR DIVORCE | |
| ECTION 10 Governmen | t: (for cities, towns, | or counties only) | | | | |
| . Governmental Entity: | | | | | · | |
| Person/designee: | Last | First | Middle | Contact | t Phone Number | |
| A SEPARATE LICENSE | MUST BE OBTAINED | FOR EACH PREMIS | ES FROM WHICH S | PIRITUOUS L | IQUOR IS SERV | ED. |
| ECTION 11 Person to P | erson Transfer: | | | | | |
| luestions to be completed t | by CURRENT LICENS | SEE (Bars and Liqu | or Stores ONLY-Se | eries 06,07, aı | nd 09). | ed James |
| . Current Licensee's Name: | Nations | Randy | D. | Entity: | Agent | 12. |
| (Exactly as it appears on license) | Last | First | Middle | Critity | (Indiv., Agent, et | c.) has |
| Corporation/L.L.C. Name: | West Sand LLC | | | : | | ro m |
| | (Exactly as it appears of | on license) | | · · · · · · · · · · · · · · · · · · · | | |
| Current Business Name: | Sandbar Mexican Grill | | | | | - 12 - 12 - 12 |
| | (Exactly as it appears of | n license) | | | | ب ۱۳ |
| Physical Street Location of | Business: Street 986 | 8 W. Northern Ave. | | | | <u>"</u> |
| | City, State, Zip Peo | | | | | .Fx |
| | • • • | | | | | - (1) |
| License Type: Series 06 | Licens | e Number: 0607037 | <u> </u> | | | |
| . If more than one license to | ha transfaradi Licana | o Tumo: | License | Ni rook am | | |
| . If more than one license to | be transfered. Licens | e rype | License | Number: | | |
| . Current Mailing Address: | Street_PO | Box 2502 | | | | |
| (Other than business) | · · · · | | | | | |
| | City, State, Zip <u>Ch</u> | andler, Arizona 8524 | 1 | | | |
| . Have all creditors, lien hold | ders, interest holders, | etc. been notified of | this transfer? 🖾 | YES □ NO | | |
| . Does the applicant intend t 5 of this application, attac | to operate the busines h fee, and current lice | s while this applicationse to this applicati | on is pending? 🗆 `on. | YES⊠NO I | f yes, complete \$ | Section |
| 0. I. Leslie Del Corieri | and the second of the second o | , hereby author | ize the department | to process thi | s application to t | ransfer |
| (print full name) | | ,,, | | 10 p. 00000 u., | о арричанол то т | |
| privilege of the license to | | | | | | nt of the |
| conditions, I certify that th | e applicant now owns | • | | - | | |
| I, Leslie Del Corieri | | , declare that I ar | n the CURRENT O | WNER, AGEN | NT, MEMBER, P | ARTNE |
| STOCKHOLDER, or LICE | | ense. I have read th | ne above Section 1 | I and confirm | that all statemer | its are |
| true, correct, and complet | e) | | | | | |
| | | | State of Para | Cou | inty of Mark | 202 |
| (Signature of C | URRENT LICENSEE) | | The foregoing inst | rument was a | cknowledged bet | fore me |
| • | | | <u>18</u> | Decen | nefiz ZC | <u> 210</u> |
| dy commission evolves on: | CCT 2 70 | ハユ | Day | Mon | th 1 | Year |
| My commission expires on: | | J. T | (للأنك) | Mrs | wt | |
| AS A | SHUE MAST | 4 | (Signatur | e of NOTARY PL | JBLIC) | |
| Not | Public - Arizona | | | | | |
| | ricona County = = | | | | | |
| Ma Ma | ricopa County . Expires-Oct 2, 20 7 | | | | | |

SECTION 12 Location to Location Transfer: (Bars and Liquor Stores ONLY) APPLICANTS CANNOT OPERATE UNDER A LOCATION TRANSFER UNTIL IT IS APPROVED BY THE STATE

| Current Business: | Name Sandbar N | Mexican Grill | | · | - |
|--|---|-------------------------|--|---------------------------------------|-------------------|
| (Exactly as it appears on license) | Address 9868 W. N | lorthern Ave. Peo | ria, Arizona 85345 | | |
| 2. New Business: | Name Livewire | | | | |
| (Physical Street Location) | Address 7320 E. Inc | | | | |
| 3. License Type: Series 06 | License Numbe | er: 06070371 | | - | |
| 4. If more than one license to be | transferred: License | e Type: | Licens | e Number: | |
| 5. What date do you plan to mov | | | | | <u>-</u> |
| SECTION 13 Questions fo | • | cants <u>excluding</u> | | overnment, hotel/mote | |
| A.R.S. § 4-207 (A) and (B) state that no r the director, within three hundred (300) he kindergarten programs or grades one (1) The above paragraph DOES NOT apply | orizontal feet of a church through (12) or within th | h, within three hund | red (300) horizontal feet of a | a public or private school build | ding with |
| a) Restaurant license (§ 4-205.02) b) Hotel/motel license (§ 4-205.01) | | | Govemment license (§ 4-20 Fenced playing area of a go | | |
| Distance to nearest school | : <u>3,960</u> ft. N | Name of school | Our Lady of Perpetual H | elp | |
| | Ado | dress 3801 N. Mil | ler Rd. Scottsdale, Arizor | na 85251 | |
| | | | City, Sta | • | 250 250 250 |
| 2. Distance to nearest church: | 1,161 ft. N | lame of church | Christian Science Readir | ng Room | & |
| | Add | dress <u>4301 N. Wi</u> | nfield Scott Plaza Scotts | · | |
| 3. I am the: ☐ Lessee | ☐ Sublessee | Owner 🔲 P | City, Stat urchaser (of premises) | • | |
| 4. If the premises is leased give l | lessors: Name | | | | |
| · | Address | | | | |
| 4a. Monthly rental/lease rate \$_ | Wh | | City, State | | |
| 4b. What is the penalty if the lea | se is not fulfilled? | \$ | or other | tach additional sheet if nece | \ |
| 5. What is the total <u>business</u> indel Please list lenders you owe mo | | nse/location excl | | tach additional sheet if nece | essary) |
| Last First | Middle | Amount Owed | Mailing Address | City State | Zip |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | |
| | (ATTACH | ADDITIONAL SHE | ET IF NECESSARY) | | |
| 6. What type of business will this | | _ | , | | |

SECTION 13 - continued

| 7. 1 | Has a license or a transfer license for the premises on this application been denied by the state within the past one (1) year? ☐ YES 図 NO If yes, attach explanation. |
|----------|--|
| 8. | Does any spirituous liquor manufacturer, wholesaler, or employee have any interest in your business? YES NO |
| | Is the premises currently licensed with a liquor license? ☐ YES ☑ NO If yes, give license number and licensee's name: |
| J. 1 | |
| Lic | cense #(exactly as it appears on license) Name |
| - | نتینا سے ہے۔ بہت کے لیے ہے۔ ہے۔ بہت نشا شاہ کے دے ہے۔ بہت نہا کے بیاد کے د |
| <u>s</u> | ECTION 14 Restaurant or hotel/motel license applicants: |
| 1. | . Is there an existing restaurant or hotel/motel liquor license at the proposed location? YES NO If yes, give the name of licensee, Agent or a company name: |
| | and license #: |
| 2. | Last First Middle If the answer to Question 1 is YES, you may qualify for an Interim Permit to operate while your application is pending; consult A.R.S. § 4-203.01; and complete SECTION 5 of this application. |
| 3. | . All restaurant and hotel/motel applicants must complete a Restaurant Operation Plan (Form LIC0114) provided by the Department of Liquor Licenses and Control. |
| 4. | As stated in A.R.S. § 4-205.02.G.2, a restaurant is an establishment which derives at least 40 percent of its gross revenue from the sale of food. Gross revenue is the revenue derived from all sales of food and spirituous liquor on the licensed premises. By applying for this \Box hotel/motel \Box restaurant license, I certify that I understand that I must maintain a minimum of 40 percent food sales based on these definitions and have included the Restaurant Hotel/Motel Records Required for Audit (form LIC 1013) with this application. |
| | As stated in A.R.S § 4-205.02 (B), I understand it is my responsibility to contact the Department of Liquor Licenses and Control to schedule an inspection when all tables and chairs are on site, kitchen equipment, and, if applicable, patio barriers are in place on the licensed premises. With the exception of the patio barriers, these items are not required to be properly installed for this inspection. Failure to schedule an inspection will delay issuance of the license. If you are not ready for your inspection 90 days after filing your application, please request an extension in writing, specify why the extension is needssary, and the new inspection date you are requesting. To schedule your site inspection visit www.azliquor.gov and click on the "Information" tab. |
| SE | ECTION 15 Diagram of Premises: (Blueprints not accepted, diagram must be on this form) |
| | Check ALL boxes that apply to your business: |
| | ☑ Entrances/Exits Liquor storage areas Patio: ☑ Contiguous |
| | ☐ Service windows ☐ Drive-in windows ☐ Non Contiguous |
| 2. | Is your licensed premises currently closed due to construction, renovation, or redesign? YES INO If yes, what is your estimated opening date? month/day/year |
| 3. | Restaurants and hotel/motel applicants are required to draw a detailed floor plan of the kitchen and dining areas including the locations of all kitchen equipment and dining furniture. Diagram paper is provided on page 7. |
| 4. | The diagram (a detailed floor plan) you provide is required to disclose only the area(s) where spiritous liquor is to be sold, served, consumed, dispensed, possessed, or stored on the premises unless it is a restaurant (see #3 above). |
| 5. | Provide the square footage or outside dimensions of the licensed premises. Please do not include non-licensed premises, such as parking lots, living quarters, etc. |
| | As stated in A.R.S. § 4-207.01(B), I understand it is my responsibility to notify the Department of Liquor Licenses and Control when there are changes to boundaries, entrances, exits, added or deleted doors, windows or service windows, or increase or decrease to the square footage after submitting this initial drawing. |

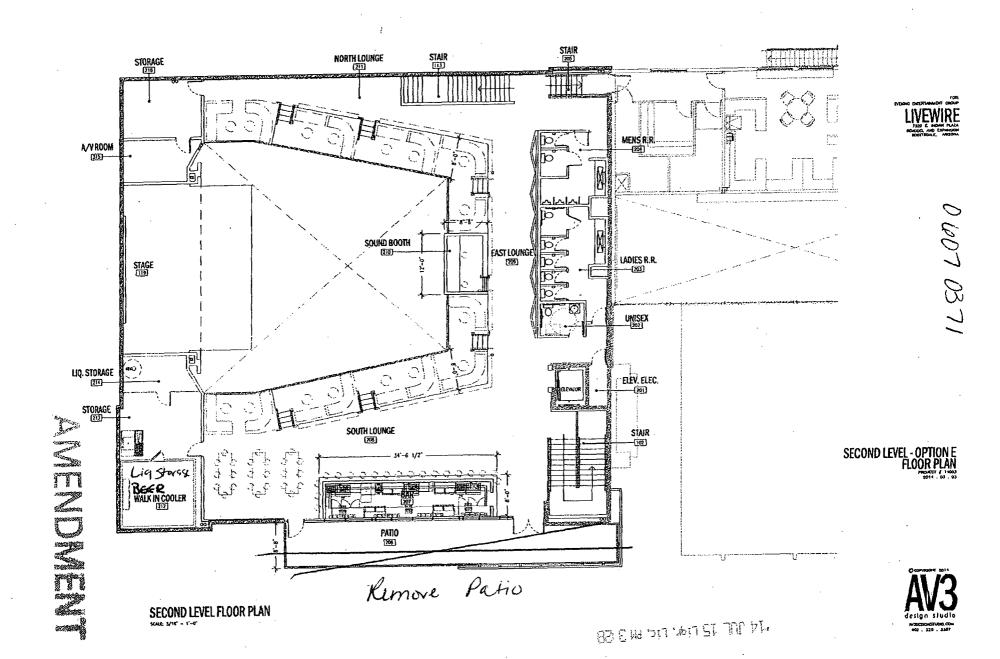
6

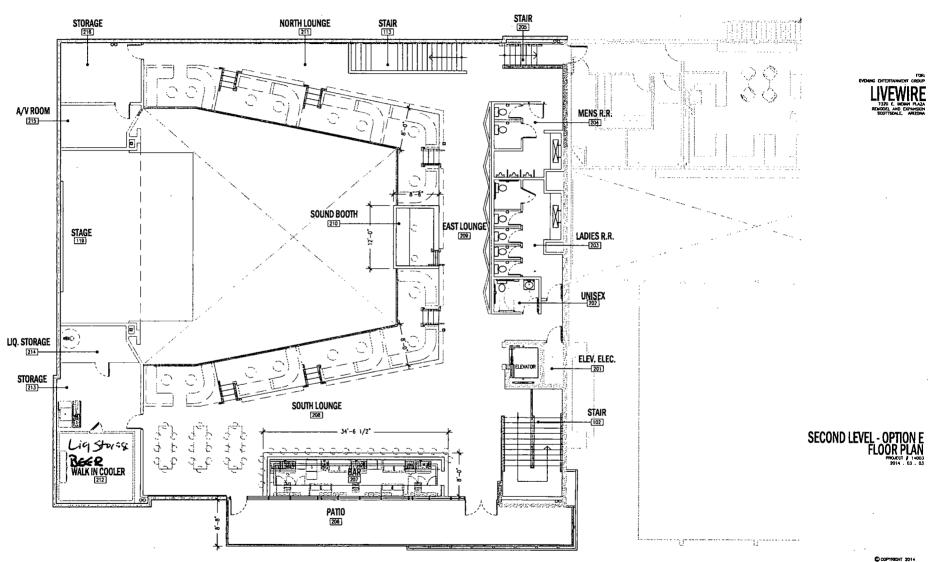
SECTION 15 Diagram of Premises

4. In this diagram please show only the area where spirituous liquor is to be sold, served, consumed, dispensed, possessed or stored. It must show all entrances, exits, interior walls, bars, bar stools, hi-top tables, dining tables, dining chairs, the kitchen, dance floor, stage, and game room. Do not include parking lots, living quarters, etc. When completing diagram, North is up †.

If a legible copy of a rendering or drawing of your diagram of premises is attached to this application, please write the words "diagram attached" in box provided below.

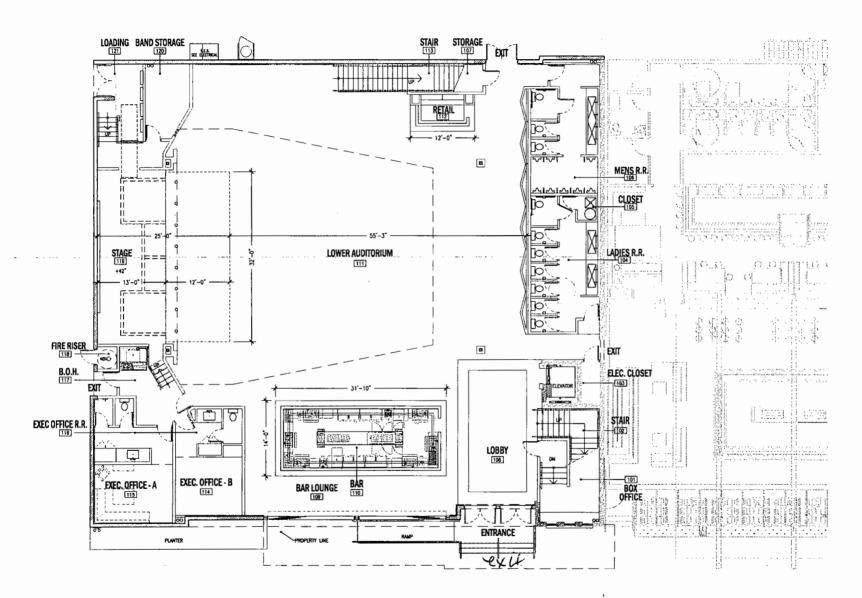
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| SECTION 16 Signature Block | |
| Randy D. Nations | , hereby declare that I am the OWNER/AGENT filing this |
| (print full name of applicant) | 1. I have read this application and verify all statements to |
| true, correct and complete. | The triave read this application and verify all statements to |
| x Mandy Mill | |
| (signature of applicant listed in Section 4, Question 1) | • |
| | State of <u>Arizona</u> County of <u>Maricopa</u> |
| | The foregoing instrument was acknowledged before me this |
| MIRANDA BUSTAMANTE Notary Public - Arizona | 20th of June , 2014 Day Month Year What was a second of the second of |
| My commission expires Office Maricona County Day My Month's Syear pires January 9, 2016 | signature of NOTARY PUBLIC |





SECOND LEVEL FLOOR PLAN











FIRST LEVEL FLOOR PLAN

82 PW 777 187 187 198 176 184 188